

Southcentral Foundation
Residential Treatment Center for Adolescent Substance Abusers (The Pathway Home)
Anchorage, Alaska
TI13803

Authorized Representative

Katherine Gottlieb
4501 Diplomacy Drive, Suite 200
Anchorage, AK 99508
(907) 729-4549
(907) 729-5000 fax
dprior@southcentralfoundation.com

Project Director

Daniel W. Prior, PhD
4000 San Ernesto Avenue
Anchorage, AK 99508
(907) 729-5059
(907) 729-5027 fax
dprior@southcentralfoundation.com

Evaluator

Bernard Segal
University of Alaska at Anchorage
P.O. Box 92596
Anchorage, AK 99508
(907) 786-6582

Contact

Katie Cruthers
4501 Diplomacy Drive, Suite 200
Anchorage, AK 99508
(907) 729-4996
(907) 729-4997 fax
kcruthers@southcentralfoundation.com

SAMHSA Grants Specialist

Kathleen Sample
5600 Fishers Lane
Rockwall II, Suite 630
Rockville, MD 20857
(301) 443-9667
(301) 443-6468 fax
ksample@samhsa.gov

CSAT Project Officer

Tom Edwards
5600 Fishers Lane
Rockwall II, Suite 740
Rockville, MD 20852
(301) 443-8453
(301) 443-3543 fax
tedwards@samhsa.gov

B&D ID

40202

PROJECT DESCRIPTION

Expansion or Enhancement Grant—Enhancement

Program Area Affiliation—Reducing Disparities

Congressional District and Congressperson—Alaska At Large; Don Young

Public Health Region—X

Purpose, Goals, and Objectives—Goal 1 is to operate a residential treatment program for Native youth aged 13–17 years with substance abuse dependence requiring residential treatment. The objective under this goal is to operate the residential program beds at full capacity over 12 months. Goal 2 is to develop and establish an outpatient/aftercare step-down component with therapeutic, educational, and vocational activities. The objective under this goal is to provide necessary case management, educational, vocational, and therapeutic services as specified on individual treatment plans for all students completing the residential component of the program and continuing to reside in Anchorage. Goal 3 is to achieve successful outcomes in a minimum of 60 percent of cases admitted to residential treatment. The objective under this goal is that a minimum of 60 percent of clients will complete their residential program and successfully accomplish their individualized treatment and educational goals. Goal 4 is to demonstrate significant positive changes from admission to discharge in educational level, vocational competence, and employability skills in 100 percent of the clients completing both phases of residential treatment, as assessed by standard instruments. Objective A under this goal is to demonstrate an increase in ½ grade level for each 6-month session. Objective B is to demonstrate new and/or improved vocational skills in all clients in the program, from admission to discharge, measured by standard vocational assessment. Objective C is to demonstrate positive changes in individual protective (resiliency) factors and personal/social support strategies in a minimum of 90 percent of clients completing the program, comparing admission and discharge competencies on the Individual Protective Factors Index. Goal 5 is to demonstrate sustained positive changes in adolescent clients completing treatment, after discharge, on the GPRA and other measures post-discharge. Under Goal 5, Objective A is to demonstrate sustained reduction in the use and abuse of alcohol and other drugs in a minimum of 75 percent of the clients on post-discharge measurements including GPRA and supplemental measures more sensitive to Alaska Native youth. Objective B is to demonstrate sustained improvement in education, vocation, and employment skills in a minimum of 75 percent of the clients on post-discharge measurements including GPRA. Objective C is to demonstrate a sustained reduction in the incidence and prevalence of involvement with law enforcement in a minimum of 75 percent of the clients on post-discharge measurements including GPRA. (pages 5–6)

Target Population—The target population includes Alaska Native youth ages 14 through 17, with a primary DSM-IV diagnosis of substance abuse or dependence, and their families. (page 8)

Geographic Service Area—The program will focus on youth residing in Anchorage; however, other Alaska Native youth outside of Anchorage will be admitted if there is space. (page 8)

Drugs Addressed—The proposal identifies statistics on alcohol, marijuana, and inhalant abuse in the target population but does not identify a treatment focus on specific substances. (page 7)

Theoretical Model—The model is long-term (6–18 months) residential treatment, described as a comprehensive community-oriented approach incorporating educational, vocational, cultural, familial, and communal components. Youth are involved in their community as part of the treatment process. There is an integration of occupational education, which is developing both academic and vocational strategies, based upon the Life Learning Academy of the Delancey Street Foundation. Alaska Native traditional culture and spiritual activities are also integrated into treatment, and elders are utilized as mentors. (pages 8–9)

Type of Applicant—The grantee is a tribal organization. (application for Federal assistance page)

SERVICE PROVIDER STRUCTURE

Service Organizational Structure—The service provider is the Southcentral Foundation, a tribal organization funded in part by the Alaska State Division of Family and Youth Services and Year 3 of a CSAT TCE grant. (application for Federal assistance page; page 23)

Service Providers—Southcentral Foundation is the sole service provider, although there is mention of an association with a charter school for the provision of educational services. Further, Southcentral also operates a mental health department. (abstract; page 7)

Services Provided—Residential treatment services are provided, and ancillary services are integrated in the program, including education, vocational and employment skills development; community involvement, cultural and spiritual components, and aftercare. (pages 5–6, 8–9)

Service Setting—Services are primarily provided in a residential treatment setting. Aftercare services are delivered through a transitional living unit. (pages 5–6, 8–9, 11)

Number of Persons Served—The facility will provide 36 beds for youth. Treatment emphasis is long-term (up to 18 months). No specific unduplicated case count has been designated. However, full bed capacity will be maintained. (abstract; pages 5–6)

Desired Project Outputs—The desired outputs are detailed in the goals and objectives described earlier. In summary, these include operating a long-term residential substance abuse treatment facility for Alaska Native youth living in Anchorage, providing the youth with cultural, spiritual, and community involvement as well as educational and vocational assistance. (pages 5–6)

Consumer Involvement—Although there is no specific mention of consumer involvement in the planning or delivery of the program, consumer involvement is addressed in the evaluation when the applicant states that stakeholders will provide feedback to shape the services as the evaluation is conducted. (page 10)

EVALUATION

Strategy and Design—The evaluation strategy incorporates both a utilization-focused evaluation and the Self-Adjusting Treatment Evaluation Model; both involve cycles of feedback and adjustment that continually improve treatment services. A logic model will be used with independent (pre-treatment) variables, treatment (process) variables, and dependent (outcome) variables. The outcome variables, including reduction in substance abuse and other GPRA items, will be measured and analyzed. Intervening variables will also be examined. Data will be collected through semi-structured interviews by clinical staff according to an evaluation protocol, at admission and 6 and 12 months. (pages 10–11)

Evaluation Goals/Desired Results—There are no specific evaluation goals. However, it is stated that evaluation goals will be based upon the treatment goals already described. (pages 5–6). These would involve the outcome measures of treatment success such as reduction in substance abuse and attainment of educational and vocational objectives. (page 10)

Evaluation Questions and Variables—The grantee does not explicitly detail evaluation questions. However, the questions are implied in the discussion of the variables and in the presentation of instruments in the appendix, briefly identified below. The variables include independent (pre-treatment) variables, treatment (process) variables, and dependent (outcome) variables. The independent variables include inherent client characteristics (e.g., tribal affiliation, family history, and genetics), acquired features (e.g., previous treatment history, education, peer involvement, prior substance use), and environmental variables (e.g., housing, family characteristics, length of time in Anchorage). The treatment variables include both the residential and aftercare phases; both involve variables such as substance abuse counseling (individual, group, family), education, occupational learning, cultural/traditional involvement, mentoring, life skills development, and other interventions. The outcome variables include reduction in substance abuse and juvenile justice involvement, educational improvement, vocational and occupational pursuits, improvement in the stability of home life, and other GPRA variables. (pages 10–11)

Instruments and Data Management—The instruments to be utilized include an intake/admission questionnaire, a health status form, a cultural scale, an exit interview questionnaire, and a 6- and 12-month follow-up questionnaire, as well as an Individual Protective Factors Index. Instruments appear to incorporate the GPRA items and also appear to be unpublished. A data collection technician reviews data and protocols and enters the data; quarterly database updates are provided to the evaluator. Individual data are also compiled and provided to clients to facilitate treatment goal planning and short-term objectives. Sample size is not specified but is implied in the goals and objectives described earlier, i.e., 100 percent of clients will be assessed for changes in educational level, vocational competence, and employability skills from admission to discharge. (appendix; pages 5–6, 11, 47–84)